



802050881000

Mississippi Non-Resident or Part-Year Resident Individual Income Tax Return 2008

Page 1

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Duplex or Photocopies NOT Acceptable

Name & Address		Taxpayer		Spouse	
Name & Address		Taxpayer		Spouse	
Taxpayer Last Name		Taxpayer First Name		Taxpayer SSN	
Spouse Last Name		Spouse First Name		Spouse SSN	
Mailing Address (Number & Street, Including Rural Route)					
City		State		Zip	
▲ YOU MUST ENTER SSN ▲ Residence County Code - See Instructions					
Filing Status and Exemptions 1. Married - Combined or Joint Return - Enter \$12,000 on Line 12. 2. Married - Spouse Died in Tax Year - Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above. Please enter surviving spouse first as taxpayer. 3. Married - Filing Separate Returns - Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above. 4. Head of Family - Enter \$8,000 on Line 12. Provide Name, SSN, and Relationship of the Dependent Living in the Home with You on Line 6. 5. Single - Enter \$6,000 on Line 12. 6. Dependents (In column (b) enter C for child, P for parent or R for relative). (a) Name (b) (c) Dependent SSN					
Filing Status and Exemption Amounts 7. Mark "X" ONLY if: Taxpayer Age 65 or Over Taxpayer Blind Spouse Age 65 or Over Spouse Blind 8. Number of Dependents Listed on Line 6 9. Number of Boxes Marked "X" on Line 7 10. Total of Line 8 plus Line 9 11. Line 10 x \$ 1,500 = 00 12. Enter Amount from Lines 1 through 5. 00 13. Total (Line 11 plus 12). 00 14. If Filing MFS Returns, Enter 1/2 of Line 13. 00					
Proration COMPLETE SCHEDULE OF INCOME ON PAGE 2 BEFORE PROCEEDING FURTHER. The Exemption and Deduction (Standard or Itemized) Must be Prorated According to the Ratio of Mississippi Income to Total Income of Taxpayer and Spouse from all Sources.					
15. Ratio Computation a. MS Adjusted Gross Income 00 b. Total Adjusted Gross Income From All Sources 00 (N) 00 c. Ratio, Line 15a Divided by 15b					
16. Standard or Itemized Deduction Computation a. Standard or Itemized Deduction 00 b. MS Deduction, 16a Times 15c 00					
17. Exemption Computation a. Exemption, Line 13 above. (Line 14 if MFS) 00 b. MS Exemption, 17a Times 15c 00					
If Filing Combined Return, Use Column A for Taxpayer and Column B for Spouse, Otherwise Use Column A ONLY.					
Income 18. Mississippi Adjusted Gross Income (From Line 57, Page 2) (P) 00 (B) 00 19. Standard or Itemized Deductions (Line 16b) (F) 00 (H) 00 20. Amount of Exemption (Line 17b) 00 21. Mississippi Taxable Income (Line 18 minus Lines 19 & 20) See Instructions (If Less Than 0, Enter 0) 00					
Credits 22. Total Income Tax Due (From Schedule of Tax Computation, Page 2 of this form) 00 23. Mississippi Income Tax Withheld (Must Attach W-2s) (W) 00 24. Estimated Tax Payments and/or Amount Paid With Extension. (E) 00 25. Other Credits (See Instructions) Enter code for each type of credit. (O) 00 26. Total Credits (Add Lines 23 through 25.) 00					
Refund or Balance Due 27. Enter the amount of Overpayment if Line 26 is larger than Line 22. OVERPAYMENT 00 28. Amount of Overpayment to be applied to Your Next Year Estimate Tax Account. (C) 00 29. Amount of Overpayment to be Refunded to You. (Subtract Line 28 from Line 27.) REFUND (R) 00 30. Enter Balance Due if Line 22 is Larger than Line 26. BALANCE DUE 00 31. Interest on Underpayment of Estimated Tax Payments (I) 00 32. Interest and Penalty (See Instructions) (T) 00 33. TOTAL DUE (Add Lines 30, 31, and 32) Attach Check or Money Order for Total Due payable to: State Tax Commission. (ENCLOSE PAYMENT VOUCHER 80-106) TOTAL DUE (V) 00					

PLEASE SIGN THIS TAX RETURN IN THE SIGNATURE AREA PROVIDED ON THE BOTTOM OF PAGE 2.



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Page 2

Taxpayer
SSN

Example:

If Showing A Loss, Shade Minus (-) In Box.

Total Income From All Sources

Mississippi Income ONLY

Other Income

34. Wages, Salaries, Tips, Etc. (Must Attach W-2s)	00	00
35. Business Income (Loss) (Must Attach Fed. Schedule C or C-EZ)	00	00
36. Capital Gain (Loss) (Must Attach Fed. Schedule D)	00	00
37. Rent, Royalties, Partnership, S-Corps, Trusts, etc. (Must Attach Fed. Schedule E)	00	00
38. Farm Income (Loss) (Must Attach Fed. Schedule F)	00	00
39. Interest Income	00	00
40. Dividend Income	00	00
41. Alimony Received	00	00
42. Taxable Pensions and Annuities.	00	00
43. Unemployment Compensation (Must Attach Form(s) 1099-G)	00	00
44. Other Income (Loss) MS Schedule N	00	00
45. Total Income (Add Lines 34 through 44)	00	00

Adjustments to Income

46. Payments to an IRA	00	00
47. Payments to Self-Employed SEP, SIMPLE, & Qualified Retirement Plans.	00	00
48. Interest Penalty on Early Withdrawal of Savings	00	00
49. Alimony Paid (Complete)	00	00
50. Moving Expense (Must Attach Fed. Form 3903)	00	00
51. National Guard or Reserve Pay Exclusion	00	00
52. MS Prepaid Affordable College Tuition (MPACT) and/or MS Affordable College Savings (MACS)	00	00
53. Self-Employed Health Insurance Deduction)	00	00
54. Health Savings Account Deduction	00	00
55. Total Adjustments (Add Lines 46 through 54.)	00	00
56. Adjusted Gross Income (Line 45 minus Line 55) Carry Total AGI to Line 15b & MS AGI to Line 15a.	00	00
57. Split MS AGI on Line 56 between Taxpayer (T) & Spouse (S).	00	00

Schedule of Tax Computation - Use taxable income from Page 1, Line 21. See booklet for instructions.

Tax Rate(s)	Taxpayer (Column A)	Spouse (Column B)	Total	Rate	Income Tax
1. First \$5,000 or Part	+			x 3%	
2. Next \$5,000 or Part	+			x 4%	
3. Remaining Balance	+			x 5%	
4. Subtotal	+				
5. Total Income Tax - Enter on Page 1, Line 22					

Schedule P - Alimony Paid

If a deduction is claimed for Alimony Paid, please furnish the name, SSN, and the state of residency of the individual to whom the amount was paid.

Name

SSN of
RecipientState of
Residency**THIS RETURN MUST BE SIGNED.** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete.

Taxpayer Signature

Taxpayer Phone

This Return may
be discussed with
the preparer.

Paid Firm Identification Number or PTIN

Spouse Signature (If joint, **BOTH** must sign)

Date

☐ Yes ☐ No

Paid Preparer Social Security Number or PTIN

OR

Paid Preparer Signature

Date

Paid Preparer (Print Firm Name)

Paid Preparer Phone

Paid Preparer Address